

**Work Order ID 93906****\*93906\***

Page 1

November-27-12 2:56:34 PM

Item ID: 646.3311

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Item Name: RH Half

Stop

**\*NS2\***

Start Date: 11/27/12 Start Qty: 20.00

**\*20\***

Cust Item ID:

Required Date: 12/14/12 Req'd Qty: 20.00

**\*20\***

Customer:

Reference:

Approvals: Process Plan: ML5Date: 12-11-20 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run

Start

**\*NR1\***

QC: \_\_\_\_\_

Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop

**\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr								
646.3300	N/C								
100		0.00							
<b>*100*</b>	BAND SAW								
Bandsaw	Memo	0.00	<u>P0</u>	<u>13/02/10</u>	<u>20</u>	<u>0</u>			
Jeaspa Bandsaw	Cut Blank at 13.375"								

110		0.00							
<b>*110*</b>	HAAS CNC VERTICAL MACHINING #1								
HAAS 1	Memo	0.00							
HAAS CNC vertical machine #1	1-Machine per folio FB154 DWG REV: <u>N/C</u> FOLIO REV: <u>AA</u>								

2- deburr and break all sharp edges

<u>20</u>	<u>0</u>	<u>DAS</u>
<u>14</u>	<u>0</u>	<u>9-09</u>

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS							
Part No. _____		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
NCR No. _____		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>					
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Other		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

**Work Order ID 93906**

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**\*93906\***

Page 2

**Item ID:** 646.3311**Accept****\*N900040100\*****Setup****Start****\*NS1\*****Revision ID:****Item Name:** RH Half**Stop****\*NS2\*****Start Date:** 11/27/12 **Start Qty:** 20.00**\*20\*****Cust Item ID:****Required Date:** 12/14/12 **Req'd Qty:** 20.00**\*20\*****Customer:****Reference:****Approvals:****Process Plan:** \_\_\_\_\_**Date:** \_\_\_\_\_**Tooling:** \_\_\_\_\_**Date:** \_\_\_\_\_**Run****Start****\*NR1\*****QC:** \_\_\_\_\_**Date:** \_\_\_\_\_**SPC (Y/N):** \_\_\_\_\_**Date:** \_\_\_\_\_**Stop****\*NR2\*****Sequence ID/  
Work Center ID****Operation  
Description****Set Up/  
Run Hours****Tool ID****Tool #****Plan  
Code****Accept  
Qty****Reject  
Qty****Reject  
Number****Insp.  
Stamp**

120

QC2- Inspect parts off machine FAI/FAIB

0.00

2013/02/16

DAS

**\*120\***

QC

Quality Control

**Memo**

0.00

130

QC8- Inspect parts - second check

0.00

2013-02-20

**\*130\***

QC

Quality Control

**Memo**

0.00

20 20

131

**\*131\***

HandFinish

Hand Finishing

**Memo**

0.00

CLEAN AND REMOVE ALL PART MARKING

20 20 20

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
NCR No. _____		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									
FAULT CATEGORY									
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions					
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other					

**Work Order ID 93906****\*93906\***

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November-27-12 2:56:34 PM

Item ID: 646.3311

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Item Name: RH Half

Stop

**\*NS2\***

Start Date: 11/27/12 Start Qty: 20.00

**\*20\***

Cust Item ID:

Required Date: 12/14/12 Req'd Qty: 20.00

**\*20\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

140

**\*140\***

Outsource4

Outsource process-Anodize per QSI017 4.1.10.1

0.00

CZ 13/03/21 20

Outsource process - Anodize

Memo

Issue P/O: 19391

Black Anodize as per Dwg 646.3300

0.00

150

**\*150\***

Packaging

Packaging

Receive &amp; Inspect for Damage &amp; Mat'l Certs

0.00

20x

SD  
13-4-02

155

**\*155\***

QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

DAS  
27

0.00

1342

33

NCR: Yes / No

DQA: Date:

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <hr/> <hr/> <hr/>							
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <hr/> <hr/> <hr/>							
				<input type="checkbox"/> Other							

Work Order ID 93906

\*93906\*

Page 4

November-27-12 2:56:34 PM

Item ID: 646.3311

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: RH Half

Stop

\*NS2\*

Start Date: 11/27/12 Start Qty: 20.00

\*20\*

Cust Item ID:

Required Date: 12/14/12 Req'd Qty: 20.00

\*20\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

160

Spray Painting per QSI005 4.2

0.00

\*160\*

SprayPaint

Spray Painting

Memo

0.00

20

0

0

A

13-4-5

170

QC14- Inspect Spray Paint

0.00

\*170\*

QC

Quality Control

Memo

0.00

20

DAS  
05  
9-89

13-01-08

180

Identify as per dwg & Stock Location: *Med*

0.00

\*180\*

Packaging

Packaging

Memo

0.00

*JH*

13-04-08

20

\*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV\*\*\*

NCR: Yes / No

DQA: Date:

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order ID 93906

\*93906\*

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November-27-12 2:56:34 PM

Item ID: 646.3311

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: RH Half

Stop

\*NS2\*

Start Date: 11/27/12 Start Qty: 20.00

\*20\*

Cust Item ID:

Required Date: 12/14/12 Req'd Qty: 20.00

\*20\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

190

QC21- Final Inspection - Work Order Release

0.00

\*190\*

QC

Quality Control

Memo

0.00

13/4/8 28

PL 1301-1

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS									
Part No. _____		Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>						
NCR No. _____		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>						
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other			

**Picklist Print**

November-27-12 2:56:33 PM

Page 1

**Work Order ID:** 93906**Parent Item:** 646.3311**Parent Item Name:** RH Half**Start Date:** 11/27/12**Required Date:** 12/14/12**Start Qty:** 20.00**Required Qty:** 20.00**Comments:** IPP REV:A NEW ISSUE 12/11/27 JFS VERIFY BY: JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M7075T6B7.000X2.000 7075-T6 BAR 7.000" X 2.000"		Purchased	No			100	f	16.0000	1.115	23.473684	PO	13/02/10	

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
MAT008	16	
→ 123611	16	
124030		16
		6,7

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other						

DART AEROSPACE LTD	Work Order:	93906
Description: RH HALF	Part Number:	646.3311
Inspection Dwg: 646.3311 Rev: N/C		Page 1 of 1

### FIRST ARTICLE INSPECTION CHECKLIST

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
.250	$\pm .005$	.245	—		Micro	118-120
1.250	$\pm .005$	1.249	—		Vern	111-01
.074	$\pm .005$	.074	—		H-L	31006
9.172	$\pm .005$	9.172	—		"	"
9.634	$\pm .005$	9.634	—		"	"
10.647	$\pm .005$	10.647	—		"	"
11.250	$\pm .005$	11.250	—		"	"
11.689	$\pm .005$	11.685	—		"	"
.925	$\pm .005$	.925	—		"	"
3.573	$\pm .005$	3.573	—		"	"
8.375	$\pm .005$	8.375	—		"	"
.250	$\pm .005$	.249	—		Vern	121-06
R.125	$\pm .005$	R.125	—		R-L	
.200 X 450	$\pm .005 \times \pm 1/2^{\circ}$	.200X450	—		Vern	111-01
.0.209	$\pm .005$	.0.209	—		"	"
.0.177	$\pm .005$	.0.177	—		"	"
.710	$\pm .002$	.710	—		H-L	31006
2.491	$\pm .002$	2.491	—		"	"
2.710	$\pm .002$	2.710	—		"	"
4.178	$\pm .002$	4.178	—		"	"
4.772	$\pm .002$	4.772	—		"	"
5.355	$\pm .002$	5.355	—		"	"
5.913	$\pm .002$	5.913	—		"	"

Measured by:	<u>Ony</u>	Audited by:	<u>Jeff</u>	Preliminary Approval:	
Date:	13/02/16	Date:	13/04/08	Date:	

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.04.15

DART AEROSPACE LTD	Work Order:	93 906
Description: RH HALF	Part Number:	6416.3311
Inspection Dwg: 6416.3311 Rev: N/C		Page 1 of 1

### FIRST ARTICLE INSPECTION CHECKLIST

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
6.419	$\pm .002$	6.419	—		H-L	31006
6.835	$\pm .002$	6.835	—		"	"
6.962	$\pm .002$	6.962	—		"	"
7.583	$\pm .012$	7.583	—		"	"
8.011	$\pm .002$	8.011	—		"	"
8.241	$\pm .002$	8.241	—		"	"
8.696	$\pm .002$	8.696	—		"	"
8.835	$\pm .002$	8.835	—		"	"
8.872	$\pm .002$	8.872	—		"	"
9.061	$\pm .002$	9.061	—		"	"
9.835	$\pm .002$	9.835	—		"	"
10.116	$\pm .002$	10.116	—		"	"
10.309	$\pm .002$	10.309	—		"	"
10.627	$\pm .002$	10.627	—		"	"
11.121	$\pm .002$	11.121	—		"	"
1.313	$\pm .002$	1.313	—		"	"
.457	$\pm .002$	.457	—		"	"
1.000	$\pm .002$	1.000	—		"	"
1.250	$\pm .002$	1.250	—		"	"
1.301	$\pm .002$	1.301	—		"	"
1.410	$\pm .002$	1.410	—		"	"
1.734	$\pm .002$	1.734	—		"	"
1.811	$\pm .002$	1.811	—	/	"	"

Measured by:	<i>ml</i>	Audited by:	<i>ml</i>	Preliminary Approval:	
Date:	13/02/16	Date:	13/02/20	Date:	

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

DART AEROSPACE LTD	Work Order:	93906
Description: RH HALF	Part Number:	10410.3311
Inspection Dwg: 10410.3311 Rev: N/C		Page 1 of 1

# FIRST ARTICLE INSPECTION CHECKLIST

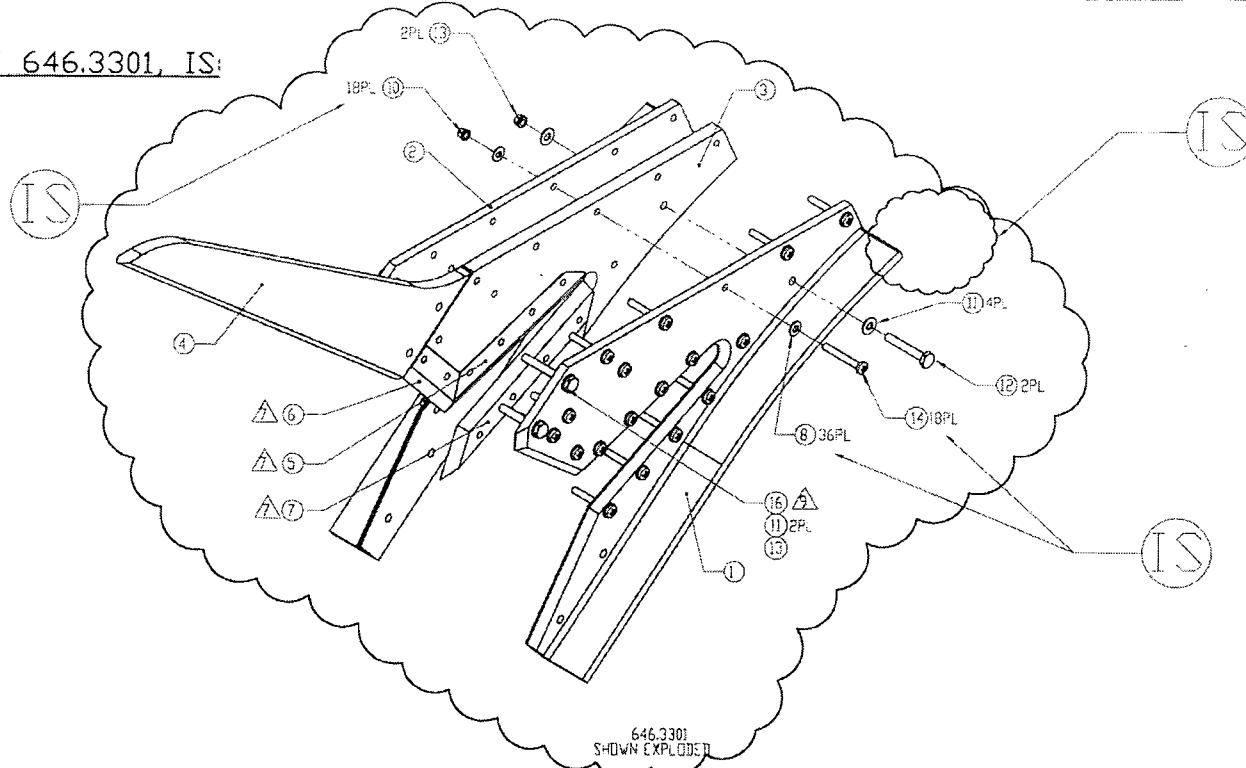
Measured by:	<i>John</i>	Audited by:	<i>John</i>	Preliminary Approval:	
Date:	13/02/16	Date:	<i>30/01/08</i>	Date:	

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.04.15

APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE NO. 02196				SHEET 1 OF 2		
	DWG NO. 646.3300		REV: N/C	PREPARED BY S. HUFF	DATE: 01/05/09		EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.
	DWG TITLE: UPPER CUTTER ASSY						
	APPROVED BY: ENGR <i>P. Bruno</i>	MFG <i>Don Kunkel</i>	QC <i>SS</i>				EFF: NEXT ORDER
TRANSACTION CODES (TC): A-ADD C-CREATE R-REVISE D-DELETE		REASON: REMOVED RIVETS IN FAVOR OF ADDITIONAL SCREWS					

SHEET 1, VIEW 646.3301, IS:

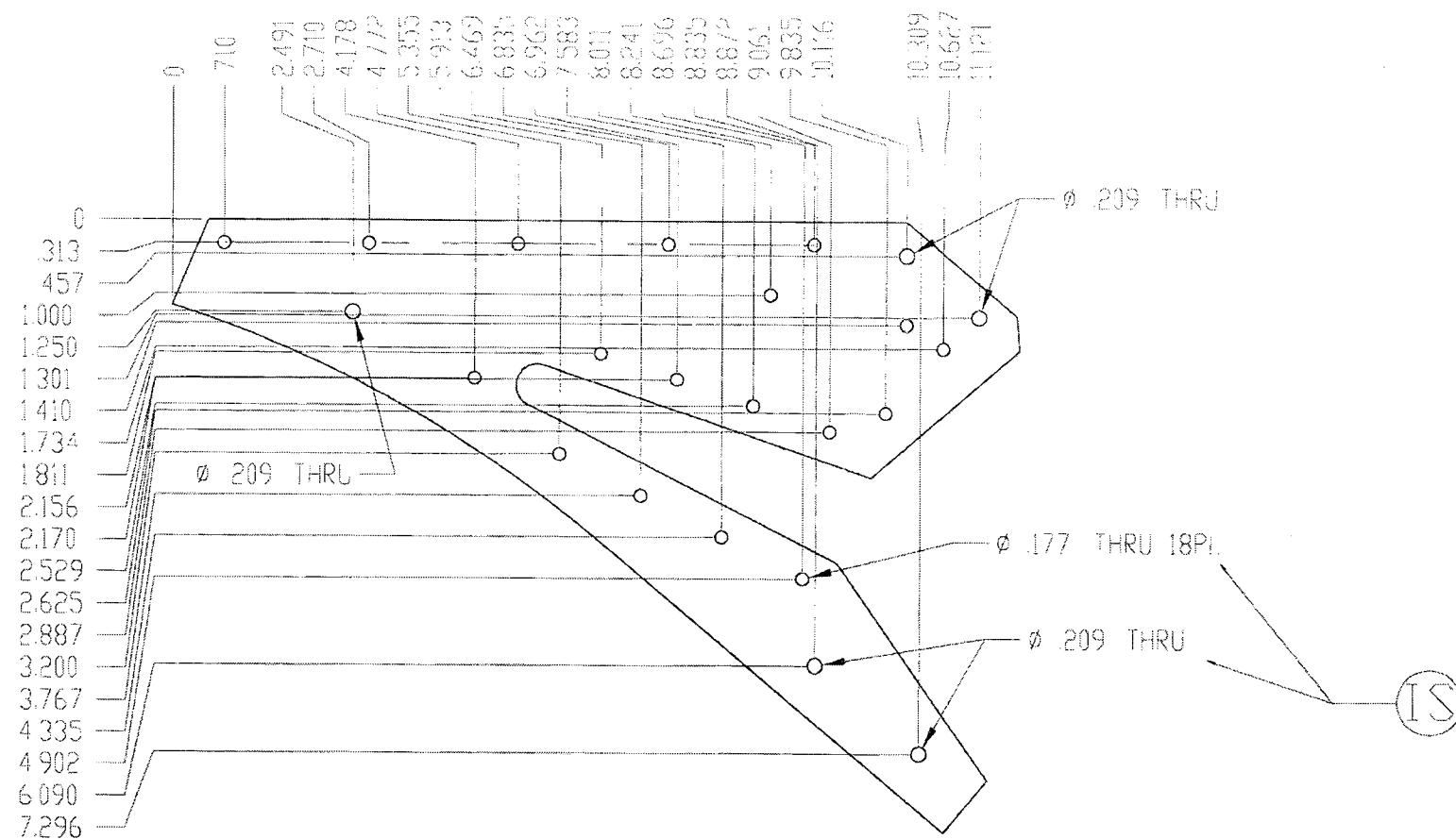


ST. 67  
P. 1/2  
ENCLOSURE  
UNCONTROLLED COPY  
SUBJECT TO APPROVAL  
WITHDRAWN  
WORK ORDER  
NO. 93906 MLJ  
12-11-29

14	R	601.2765		18	SCREW	MS27039-0819
10	R	601.1541		18	LOCKNUT	MS21042L08
9	D	601.2766		3	RIVET	MS20470AD5-18
8	R	601.2764		36	WASHER	NAS1149FN832P
			.3301			
F/N	TC	PART NUMBER	QTY	DESCRIPTION		MATERIAL/SPECIFICATION
DOCUMENTS EFFECTED:				<input type="checkbox"/> MDL <input checked="" type="checkbox"/> INSTALL INSTRUC <input checked="" type="checkbox"/> ICA <input type="checkbox"/> FMS <input checked="" type="checkbox"/> BOM		CHANGE CATEGORY <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR
						DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

93906

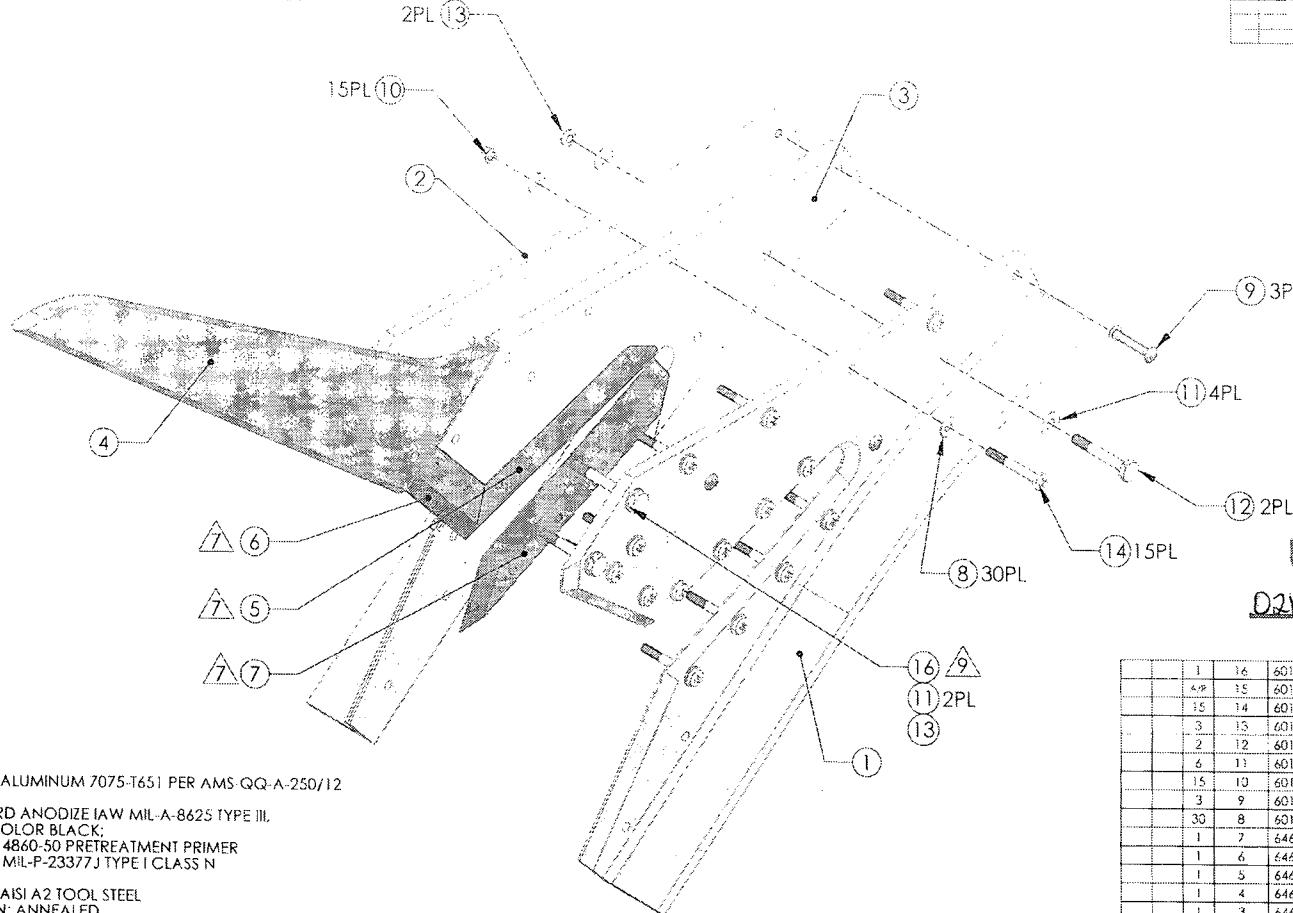
SHEET 3, SECTION VIEW A-A, IS:



SECTION A-A 

F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION

THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY  
OF THE CONTRACTOR AND PROPRIETARY IN NATURE. IT IS THE  
EXCLUSIVE PROPERTY OF AREA CONTRACTOR, INC.



**UNINCORPORATED ECN(s)**

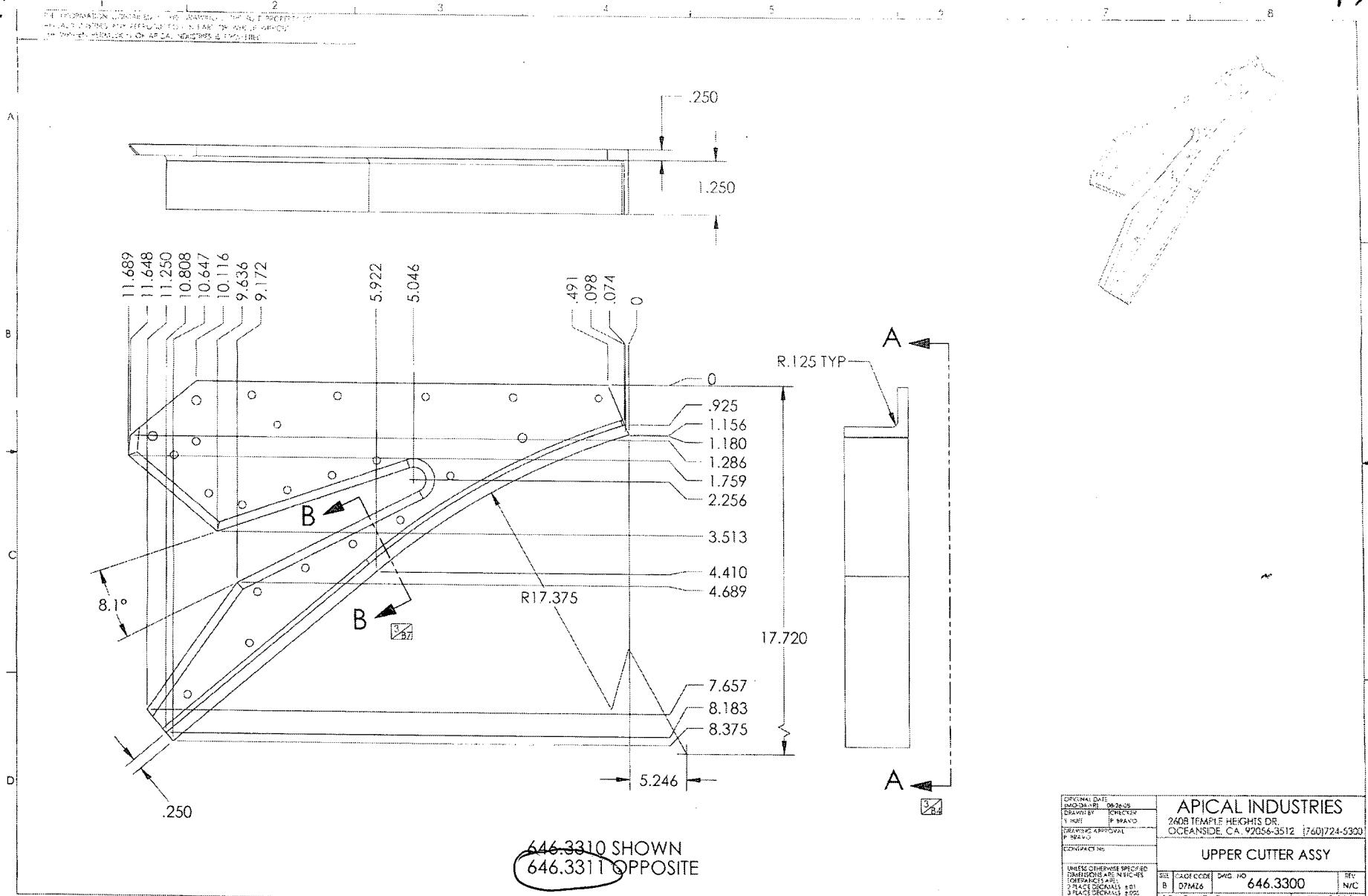
0219

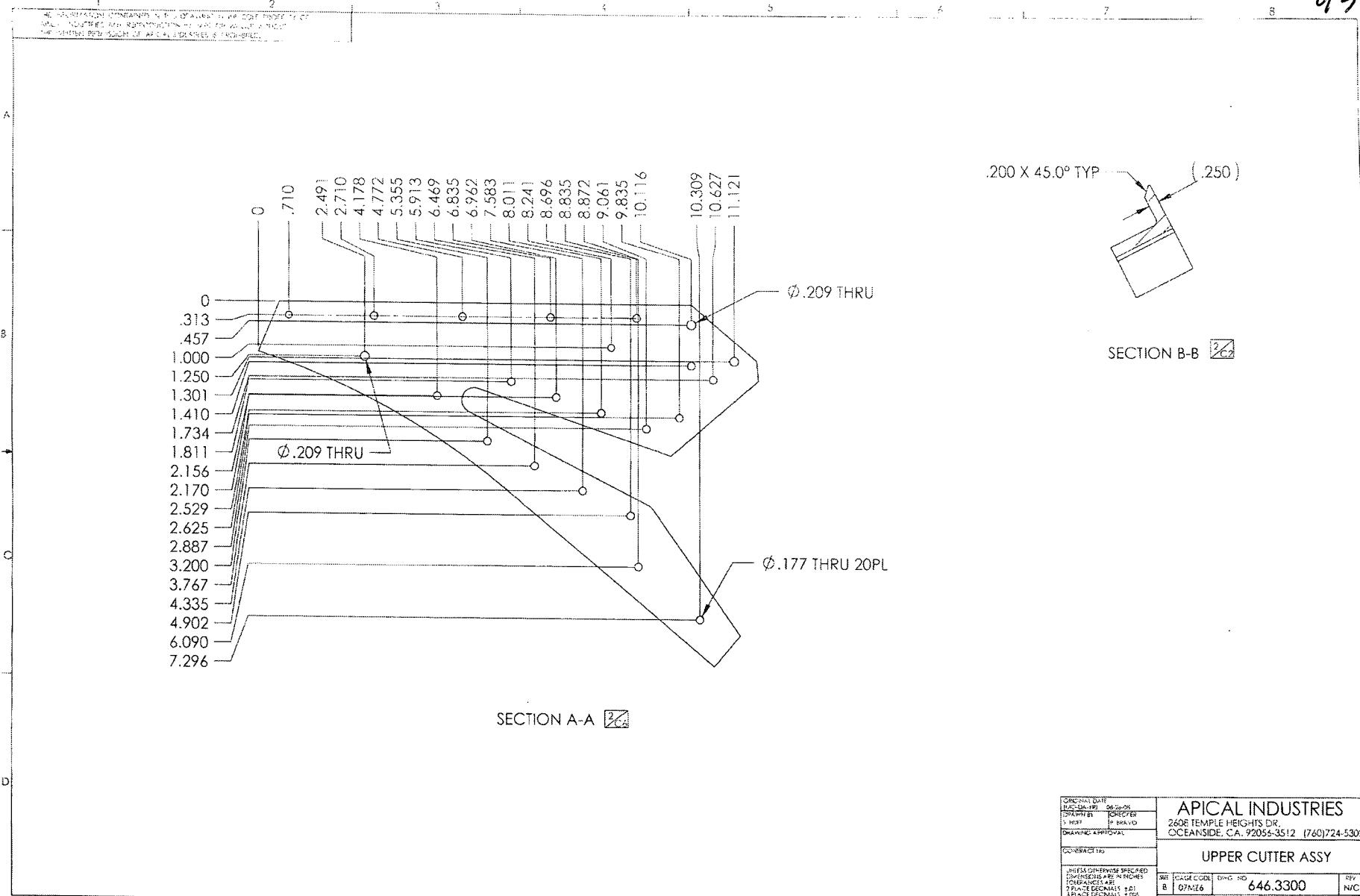
#### NOTES:

- 1 MATERIAL: ALUMINUM 7075-T651 PER AMS QQ-A-250/12
- 2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III,  
CLASS 2, COLOR BLACK;  
CARDINAL 4860-50 PRETREATMENT PRIMER  
PRIME IAW MIL-P-23377J TYPE I CLASS N
- 3 MATERIAL: AISI A2 TOOL STEEL  
CONDITION: ANNEALED  
POST PROCESS: HEAT TREAT TO 58-62 RC ROCKWELL HARDNESS
- 4 FINISH: PRIME IAW MIL-P-23377J TYPE I CLASS N
- 5. DEBURR AND BREAK ALL SHARP EDGES EXCEPT WHERE OTHERWISE NOTED
- 6. IDENTIFY IAW MPP-120
- 7. APPLY F/N 15 AS REQUIRED TO ALL FAYING SURFACES OF F/N 5, 6 & 7 UPON ASSEMBLY
- 8 CUTTING EDGE INTENDED TO BE SHARP, DO NOT BREAK SHARP EDGE
- 9. INSTALL FASTENER FINGER-TIGHT

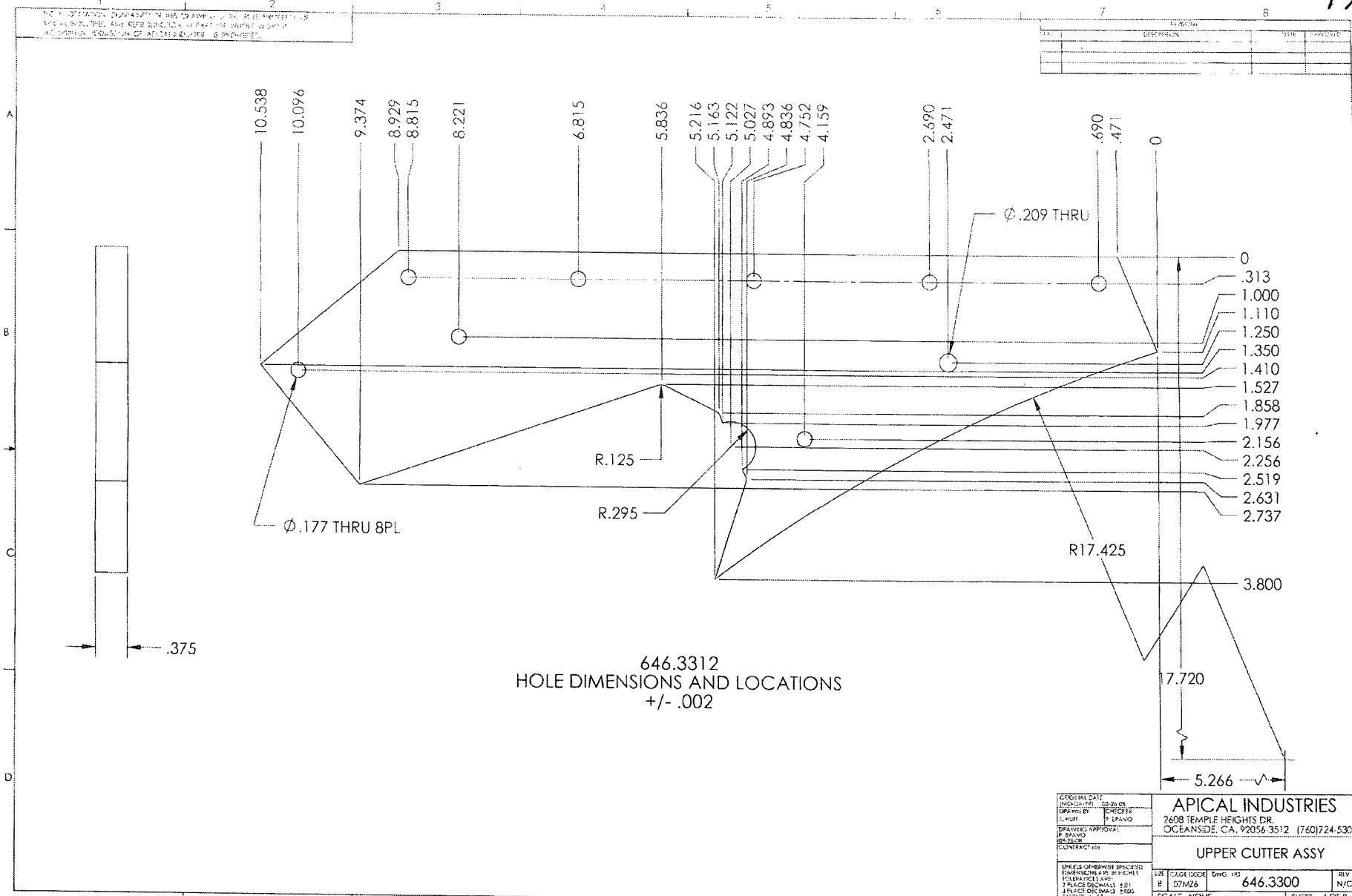
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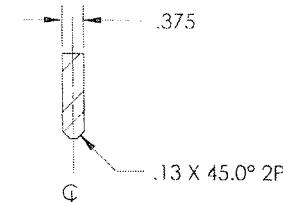
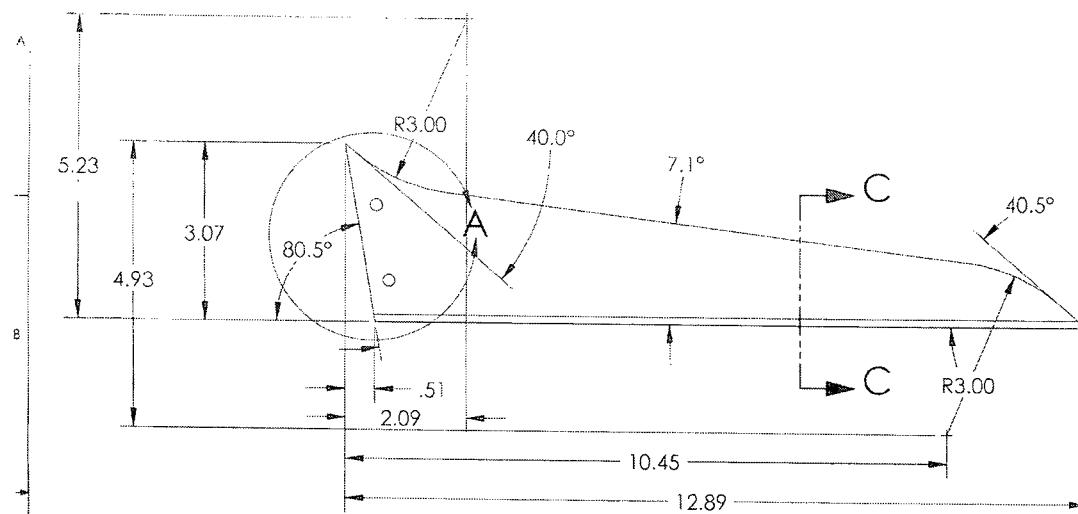
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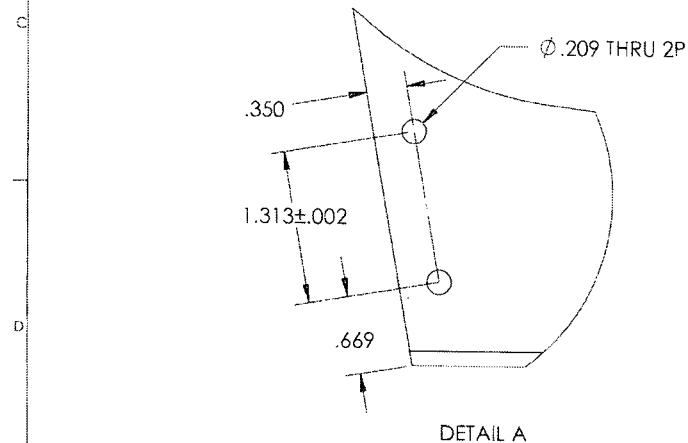
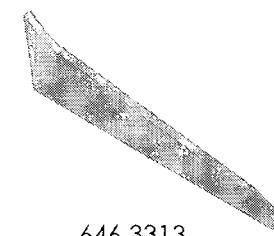
93906

ALL DIMENSIONS ARE IN INCHES  
EXCEPT WHERE SPECIFIED  
DRAWN BY: J. H. HARRIS  
CHECKED BY: J. H. HARRIS  
APRIL 1986  
APICAL INDUSTRIES

APICAL INDUSTRIES  
2408 TEMPLE HEIGHTS DR.  
OCEANSIDE, CA. 92054-3512 (760)724-5300  
DRAWING NO. 646.3300  
REV. N/C  
SHEET 1 OF 5



SECTION C-C



DETAIL A

ORIGINAL DATE	4-10-86	REVISION	
DRAWN BY	J. HARRIS	CHECKED BY	J. HARRIS
1. MFG	38440		
2. SPACER		3. PLATE	
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576.			

1 2 3 4 5 6 7 8

1. COLD-ROLLED CARBON STEEL, 1060 GRADE, 1/8" THICKNESS  
2. 1/8" THICKNESS, 1060 GRADE CARBON STEEL, 1/8" THICKNESS  
3. 1/8" THICKNESS, 1060 GRADE CARBON STEEL, 1/8" THICKNESS

93906

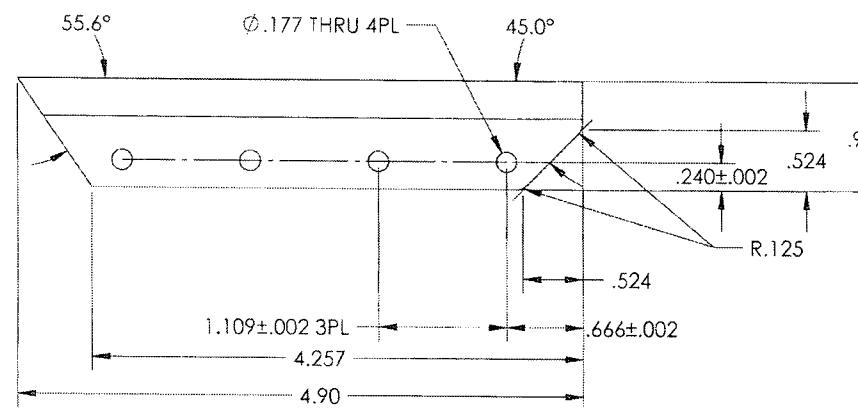
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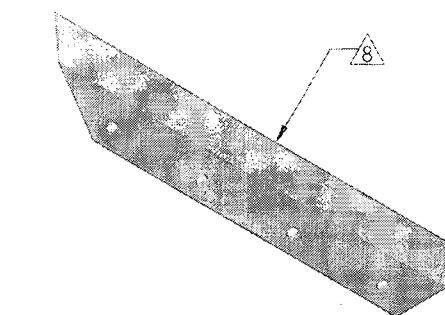
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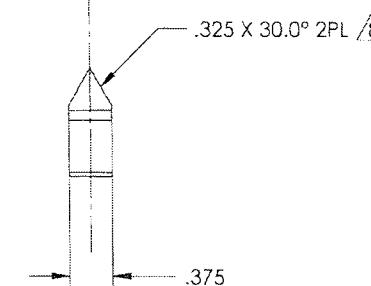
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646.3314



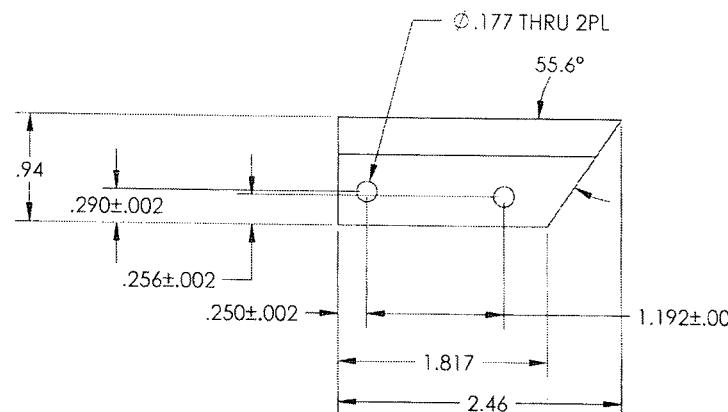
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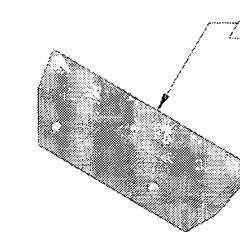
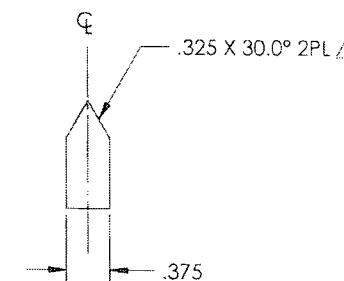
ORIGINATOR'S DATE 2000-01-18 08:22:00	APICAL INDUSTRIES
DRAWN BY L. WATSON	2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5300
DRAWING APPROVED F. EPA/VC	
CHIEF INSPECTOR C. GRIFFITH	
REVISIONS 1	
UNLESS OTHERWISE SPECIFIED ALL DIMENSIONS ARE IN INCHES AND 2.54 CM DEGREES 1 DEGREE ANGLES ± 5°	
REF. CASE CODE: DWG. NO. B 07M26 646.3300	REC. N/C
SCALE: NONE	SHEET 6 OF 8

93906

PART NUMBER		REV. DATE	
646.3300		08-24-00	
646.3315		08-24-00	
646.3316		08-24-00	
646.3317		08-24-00	

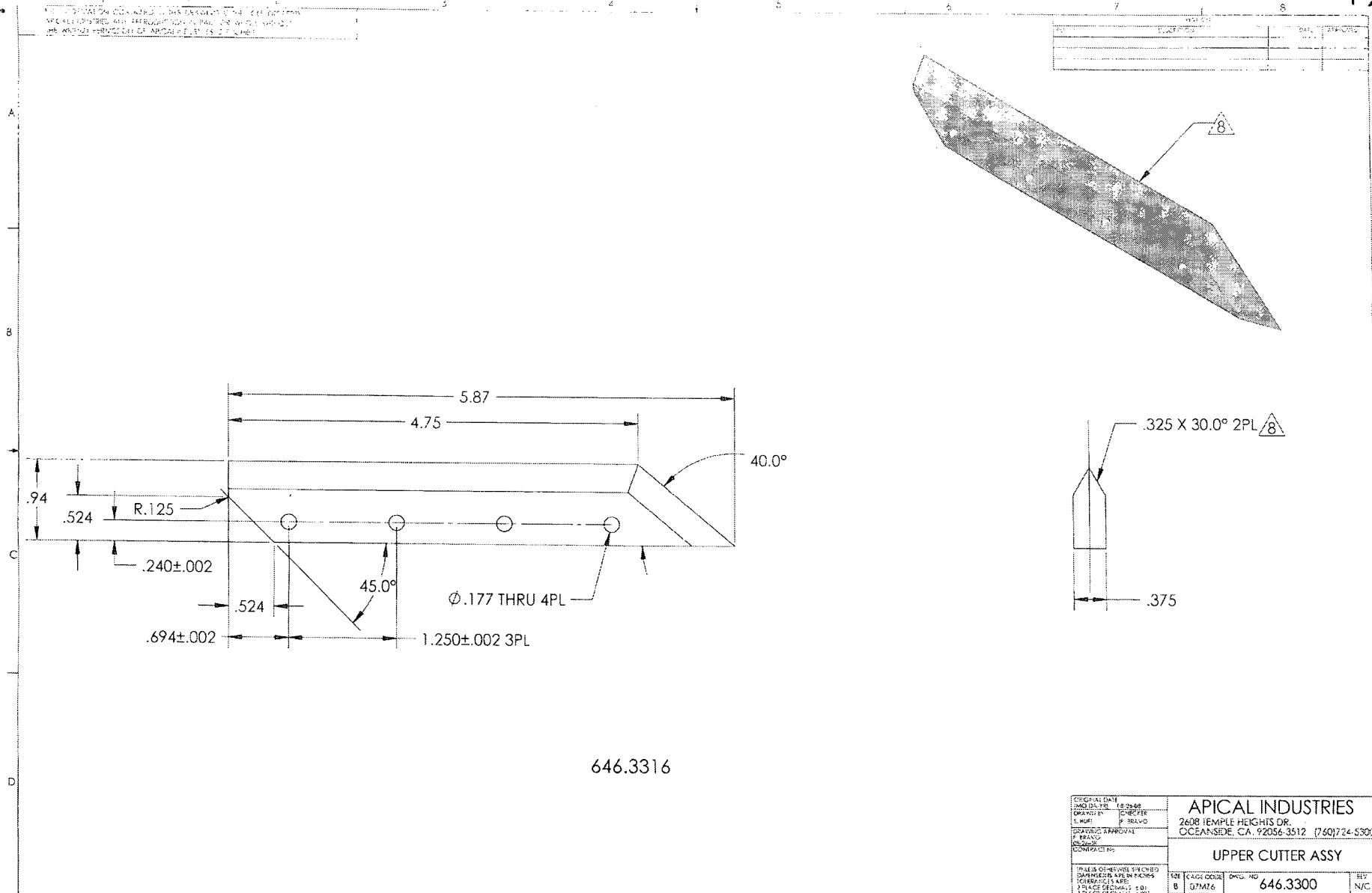


646.3315



ORIGINAL DATE	APICAL INDUSTRIES
646.3315-01 08-24-00	2608 TEMPLE HEIGHTS DR.
EXPIRATION DATE	OCEANSIDE, CA. 92056-3512 (760)724-5300
1/2001	08-24-00
REVISIONS APPROVAL	
RE: 646.3315	
CONTRACT #: 646.3300	
UNLESS OTHERWISE SPECIFIED DRAWINGS ARE IN INCHES TOLERANCES ARE 2 PLACE DECIMALS +0/- PRINTED SCALE 1:1 ANGLES ± 1°	REF: CAGE CODE: DIV ID: 646.3300 6 074126 646.3300 SCALE: NONE
	REV: N/C SHEET 7 OF 8

93906



DATE: 10-25-08	APICAL INDUSTRIES
MOD. BY: 10-25-08	2608 TEMPLE HEIGHTS DR.
DRAWN BY: CHECKER	OCEANSIDE, CA 92056-3512 (760)724-5300
REV: 1	BY: P. BURG
GRADING APPROVAL:	
REVISIONS:	
CONFIRMED:	
UNLESS OTHERWISE SPECIFIED	
ALL DIMENSIONS IN INCHES	
TOLERANCES ARE	
.005 FOR LENGTHS & 0.002 FOR	
ANGLES & 0.002 FOR	
SCALE: NONE	REV: N/C
CODE: 646.3300	DATE: 10-25-08
07M16	BY: P. BURG
	SHEET: 8 OF 8



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 62289

Date: 28-Mar-13

To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ship To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
1 lot	Part: ASST 8 PCS 646.3010 8 PCS 646.3011 10 PCS 646.3110 20 PCS 646.3310 20 PCS 646.3311 7 PCS 646.3410 6 PCS 646.3411 20 PCS 646.3810 21 PCS 646.3812 6 PCS 647.1912 3 PCS 647.1818 2 PCS 647.1915 5 PCS 647.2201  HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20130184
	Rev: PO: 19391 Line: Certificate of Conformance
	A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.
	ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY DATE <u>28/3/13</u> CERTIFIED SIGNATURE: <u>M</u> RECEIVER SIGNATURE: _____